

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90013 006 ***150.00

DOCUMENT # F94000006079

1. Corporation Name

COMPREHENSIVE BEHAVIORAL CARE, INC.

Principal Place of Business

4200 W CYPRESS
STE 300
TAMPA FL 33607
US

Mailing Address

1111 BAYSIDE DR
SUITE 100
CORONA DEL MAR CA 92625
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

59-3149475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4200 W. Cypress

2a. Mailing Address

26 4200 W. Cypress

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

City & State

City & State

23 Tampa FLORIDA

28 Tampa Florida

Zip

Zip

Country

Country

24 33607

25 USA

29 33607

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME WATSON, COURTNEY
STREET ADDRESS 1111 BAYSIDE DRIVE, SUITE 100
CITY-ST-ZIP CORONA DEL MAR CA

☐ DELETE

TITLE DEVP
NAME JOHNSON, MARY JANE
STREET ADDRESS 4200 W CYPRESS STE 300
CITY-ST-ZIP CORONA DELMAR CA

☐ DELETE

TITLE ECFT
NAME POLLOCK, CAROL R
STREET ADDRESS 4200 W CYPRESS STE 300
CITY-ST-ZIP CORONA DEL MAR CA

☒ DELETE

TITLE CCEO
NAME STREET, CHRISS W
STREET ADDRESS 1111 BAYSIDE DRIVE, STE. 100
CITY-ST-ZIP CORONA DELMAR CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director, Secretary
1.2 NAME Courtney E. Watson
1.3 STREET ADDRESS 4200 W. Cypress, Suite 300
1.4 CITY-ST-ZIP Tampa, Florida 33607

☒ Change ☐ Addition

2.1 TITLE Director, Chief Executive Officer
2.2 NAME Mary Jane Johnson
2.3 STREET ADDRESS 4200 W. Cypress, Suite 300
2.4 CITY-ST-ZIP Tampa, Florida 33607

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE Director, President
4.2 NAME Chriss W. Street
4.3 STREET ADDRESS 4200 W. Cypress, Suite 300
4.4 CITY-ST-ZIP Tampa, Florida 33607

☒ Change ☐ Addition

5.1 TITLE Chief Financial Officer, Treasurer
5.2 NAME Robert J. Landis
5.3 STREET ADDRESS 4200 W. Cypress Suite 300
5.4 CITY-ST-ZIP Tampa, Florida 33607

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Robert J. Landis

Date

4/13/99

Daytime Phone #

813-876-5036 X244

CR2E034 (11/98)